

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

**HAND
 DELIVERED**

Name:

Silk Paulsen

Daytime Telephone: *201-344-8353*

LEGISLATIVE RESOURCE CENTER

2013 MAY 14 PM 5:24

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON ETHICS
 (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <i>MD</i>	District: <i>03</i>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	A \$200 penalty shall be assessed against anyone who files more than 30 days late.		

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Erik Paulsen Page 27 of 77

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

2

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Erik Paulsen

Page 4 of 7

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction			
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*				
SP	Amgen, Inc. Investment Roth IRA New off Small Cap			X												X																						
	Amgen, Inc. Investment Roth IRA New off Small Cap															X																						
	Hydrex Roth IRA Tech Ind Fund															X																						
	Tech 401k SIP 500 Index															X																						
	Tech 401k Small Cap Ind Index Fund															X																						
	Tech 401k International Stock Index Fund															X																						
	Tech 401k Energy Corp Comm Stock Fund															X																						
	Key Bank IRA																																					
JT	Well's Frg. Savings Checking																																					
JT	Lithium Chem. Extension Fund																																					
JT	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					
	Lithium Chem. Extension Fund CD																																					

Continuation Sheet (if needed)

Stk Paulsen

2

This page may be copied if more space is required.

Page 6 of 7

* This column is for assets solely held by your spouse or dependent child.

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name

En Palsen

Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Liability Over \$1,000,000*
JT	Wells Fargo Mortgage	Nov 2002	Loan on personal residence	X										

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375